

Mental Health Redesign Task Force
Proposed Scopes of Work: Task Force and Action Teams
May 15 to December 31, 2014

Overview

Over the past 18 months, each Action Team has been guided by a scope of work. The first scopes of work, developed in October 2012, were defined by the recommendations resulting from the HSRI report and led to the development of 16 SMART Goals in February 2013. These SMART Goals then served as scopes of work for the Action Teams for the past year (March 2013 to March 2014).

The SMART Goals are slated to be achieved by the end of 2014. Toward that end, the Mental Health Redesign Task Force hosted a working forum on March 5, 2014, to assess progress on the SMART Goals and to begin discussion about accelerating and enhancing Action Team efforts for the remainder of the year.

Looking forward to the end of 2014 (the end date for the SMART Goals), it is important that Action Team activities focus on Redesign's highest priorities and support the progress that has already been made. Toward that end, it is proposed that:

1. Each Action Team's Scope of Work is reviewed, amended as needed, and endorsed by the full Mental Health Redesign Task Force. This will ensure that each Action Team is working on agreed-upon priorities going forward.
2. The scope of work is used as the basis for each Action Team's meeting agendas, tracking progress, and presenting to the full Task Force at its bi-monthly meetings.
3. Modifications to the scope of work are encouraged when Action Team co-chairs determine that such changes will accelerate the Action Team's work; modifications would be reviewed and approved by the Redesign Task Force co-chairs.

Proposed Scopes of Work

Following are proposed scopes of work for the five existing Action Teams (Workforce, Community Linkages, Continuum of Care, Quality, Person-Centered Care, and Cultural Intelligence) as well as for a proposed new Prevention and Early Intervention Action Team.¹

Workforce Action Team

Significant progress has been made in the areas of increasing the number of certified peer specialists and conducting research on mental health nursing. New scope of work:

1. Work with representatives of Nursing's Voice to create a template for replication of NV's approach for other mental health-related professions.
2. Work with the Person-Centered Care Action Team and MC3 to develop person-centered workforce competencies that are recovery-oriented, trauma-informed, co-occurring capable, culturally competent, and workplace-focused; and create a plan to introduce the competencies for implementation by public and private entities.

¹ The Resource Strategy Action Team may reconvene once the analysis of funding being conducted by the Public Policy Forum is completed. Findings from that analysis would drive the scope of work for that Action Team.

Community Linkages

Community Linkages' progress includes the creation/hiring of a Community Intervention Specialist, collaboration with the Community Justice Council on the high utilizers project, establishment of the new Pathways to Permanent Housing site and increase in permanent supportive housing, and implementation of the Individual Placement and Support employment model. New scope of work:

1. Continue to develop employment options (in addition to IPS) for persons with mental illness.
2. Develop a plan to implement the strategies identified in the Multi-System Involvement discussion at the Mental Health Redesign Working Forum, specifically focusing on information sharing between mental health, criminal justice, and homeless services systems.

Continuum of Care

Accomplishments related to Continuum of Care include: expansion of Targeted Case Management, CRS approval and implementation, new Recovery TCM, collaboration with MPD on Mobile Crisis Team, increased use of person-centered crisis plans on file for BHD, RFP in process for Peer-run Drop-in Center. New scope of work:

1. Develop and implement a plan to increase the number of successful SSI/SSDI applications, possibly including the development of a SOAR Collaborative.
2. Develop a set of recommendations from the consumer perspective related to SMART Goal #9: Improve the flexible availability and continuity of community-based recovery supports. Incorporate in this plan the strategies identified in the Service and System Flexibility discussion at the Mental Health Redesign Working Forum.

Quality

Quality Action Team's progress has been in the area of the data dashboard, system mapping to highlight areas of greatest emergency room and Chapter 51 episodes, and planning related to the collection and use of personal/family stories. New scope of work:

1. Continue regular publication and refinement of the data dashboard.
2. Develop a plan to incorporate private system data into data dashboard elements.
3. Develop a plan to implement the strategies identified in the Continuity and Sustainability discussion at the Mental Health Redesign Working Forum, specifically focusing on the creation of an "organized system for broadcasting research-based data and stories of success to the community reduce stigma, improve access, and impact funding.

Person-Centered Care

Accomplishments include the development and implementation of public education sessions to reduce stigma, revision of the MHSIP, engagement of MC3 Change Agents in Redesign, and high MHSIP scores in CARS Division and BHD inpatient units. New scope of work:

1. Further develop stigma education materials and delivery strategy applicable to multiple audiences that are the focus of other Action Teams including employers, mental health and substance abuse treatment providers, prevention services, faith-based organizations, schools (K-12), universities, especially schools of nursing and social work, elected officials, and others. (This reflects references to need for stigma reduction evident across the four discussions at the Mental Health Redesign Working Forum.

2. Assist the Workforce Action Team in the development of person-centered workforce competencies.
3. Continue efforts to engage MC3 Change Agents in Mental Health Redesign and foster collaboration between the two initiatives.

Cultural Intelligence (CQ)

Progress has been made relative to the development of a CQ training curriculum and training of trainers for CQ promotion. New scope of work:

1. Develop a user-friendly CQ Assessment Instrument that reflects best practices and is suitable for the local context; and a mechanism and schedule for the CQ assessment of behavioral health providers.
2. Present the CQ training curriculum to the Mental Health Redesign Task Force.

Prevention and Early Intervention

Based on the input provided at the Mental Health Redesign Working Forum, it is recommended that a new Prevention and Early Intervention work group be established at some point in the future. This work group would address the strategies identified at the Working Forum, specifically:

1. Ensure that anyone who has contact with persons with mental health conditions has an identified set of core competencies in mental health prevention.
2. Expand the MC3 Change Agent movement to focus on action, publicize successes achieved by community and health change agents.
3. Invite K-12 education and the public school system to participate in efforts to improve prevention and early intervention.